

# Initial/Annual Competency Assessment Checklist: **INJECTABLE INFLUENZA VACCINE ADMINISTRATION**

Facility: \_\_\_\_\_

Position Title: \_\_\_\_\_ Trainee Name: \_\_\_\_\_

Assessment Start Date: \_\_\_\_\_ Assessment Completion Date: \_\_\_\_\_

Required Competency or Skill	*Self-Assessment	Orientation (Preceptor Date & Initials)	Validation of Competency			
			+Evaluation Method	Date	Initials	Comments
<b>Customer Service</b>	<b>CRITICAL THINKING:</b> Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
<b>A. Greets and identifies patient</b>						
(1) Welcomes patient/family and introduces self						
(2) Assures patient confidentiality and right to privacy						
(3) Validates patient's eligibility						
a. Checks DoD identification card						
b. Confirms patient identification using two personal identifiers such as full name and date of birth						
<b>B. Locates patient's record in immunization tracking system (ITS) and/or AHLTA</b>						
(1) Verifies name, SSN/sponsor's SSN, phone number and address						
(2) Verifies DEERS eligibility and Tricare enrollment status						
<b>C. Children must be accompanied by a parent or legal guardian per local clinic policy</b>						
<b>Patient Screening</b>	<b>CRITICAL THINKING:</b> Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
<b>A. Screens patient records (i.e., ITS, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify influenza vaccination requirements in accordance with ACIP and Service Specific recommendations</b>						
<b>B. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to influenza immunization</b>						
(1) Age younger than 6 months						
(2) Allergies to medications, food (eggs, egg protein), or vaccine component (i.e., gelatin, formaldehyde, thimerosal, latex)						
(3) Acute illness, medical condition, or long term health problem (Including but not limited to: compromised immune system, neurological issues, chemotherapy, X-ray treatments in past 3 months, etc.)						
(4) Current medications (Over the counter, Prescription, Herbal supplements, etc.)						
(5) Recent blood products, transfusion, or immune globulin						

\*Self-Assessment: 1=Experienced 2=Needs Practice/Assistance 3=Never Done N/A= Not Applicable

+ Evaluation / Validation Method: T=Written Test D=Demonstration/Observation V=Verbal review I=Interactive Class

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Patient Screening	CRITICAL THINKING: Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
(6) Administered live vaccines within the last 4 weeks (does not apply to IIV)						
(7) History of adverse reaction(s ) following previous dose of any influenza vaccine (i.e., Guillain-Barre)						
C. Verbalizes to patient/parent/guardian the potential expected and rare reactions after influenza vaccination						
(1) Distinguishes between side effects and adverse events to include symptoms, length of duration, and treatment plan						
(2) Mild symptoms after vaccination: soreness, redness, or swelling at vaccination site; fever, fatigue, head, body and muscle aches						
(3) Serious allergic reaction after vaccination: difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, fast heartbeat or dizziness						
(4) Informs patient that possible side effects are usually temporary and what to do if an adverse event occurs (i.e., seek immediate medical attention)						
(5) Documents hypersensitivity to any vaccine, vaccine component, or medication in patient medical records						
(6) Enters Medical/Administrative exemption into DOD approved electronic ITS per health care provider direction when applicable						
Patient Education	CRITICAL THINKING: Recognizes patient education requirements prior to vaccinations for all age groups and product selection. Documents findings appropriately. Recognizes unique age and language communication needs of patient and provides educational material appropriately.					
A. Provides required education materials to patient/parent/guardian						
(1) Current Vaccine Information Statement (VIS) for injectable influenza prior to administration (language appropriate or audio for visually impaired)						
(2) Provide additional educational materials as appropriate						
(3) Allows patient/parent/guardian an opportunity to ask questions and provide additional educational information as needed to address concerns associated with influenza vaccine						
4) Refers patient/parent/guardian to a health care provider for consultation and/or evaluation prior to influenza vaccine administration, if indicated						

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Vaccine Administration Procedures	CRITICAL THINKING: Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites.					
A. Selects appropriate injectable influenza product based on age and screening of patient						
B. Verbalizes understanding of the standing order and package insert for the administration of injectable influenza vaccine to adult and pediatric patients						
C. Gathers required supplies for administering influenza vaccine (i.e., gauze, alcohol pads, bandages, sharps container, etc.)						
D. Follows OSHA and Infection Control practices						
(1) Wash hands with soap and clean water, or use an alcohol-based hand cleaner before and after patient contact						
(2) Wears gloves if skin is broken, open lesions on hands, contact with potentially infectious body fluids, or clinic policy. (Per OSHA guidelines, gloves are not required)						
(3) Ensure gloves are changed between patients (if worn or utilized)						
E. Prepares injectable influenza vaccine for administration						
(1) Removes properly stored influenza vaccine from refrigerator at (2-8°C); Do Not Freeze						
a. Inspects vial/syringe for damage or contamination						
b. Checks vaccine(s) expiration date(s); Double check vial label and contents prior to drawing up						
(2) Multi-dose vial						
a. Removes plastic cap and labels multi-dose vaccine vials with date/time opened and initials						
b. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension						
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose						
d. Withdraws appropriate dosage from vial						
e. Ensures any opened multi-dose vials without proper labeling of date/time opened, and/or initials be discarded at the end of duty day						
(3) Manufacturer prefilled syringe						
a. Shake prefilled syringe to thoroughly mix contents						
b. Remove tip cap and attach appropriate size needle (if required)						
c. Ensures any manufacturer prefilled syringe with syringe cap removed and/or needle attached is discarded at the end of duty day if not administered						
(4) Maintains aseptic technique throughout vaccine preparation process						
F. Administers injectable influenza vaccine per ACIP/ manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:						
(1) Selects 22-25g needle and appropriate length based on administration route and body size						

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(2) Selects appropriate dose based on age						
a. 6-35 months = 0.25mL (except for FluLaval, which is 0.5mL for this age group)						
b. 3 years and older = 0.5mL						
(3) Selects appropriate influenza vaccine based on age						
a. Fluzone Pediatric (IIV4) (6 – 35 months of age)						
b. FluLaval (IIV4) (6 months and older)						
c. Afluria (IIV3) (licensed for 5 years and older; but ACIP recommended for 9 years and older)						
d. Fluarix (IIV4) (3 years and older)						
(4) Selects appropriate anatomical site based on age						
a. Infants and toddlers (lacking adequate deltoid mass); anterolateral aspect of thigh						
b. Toddler/Children/Teens/Adults: the deltoid muscle is recommended for routine intramuscular vaccinations; demonstrates 3 fingers down from acromion process to select proper area						
(5) Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.						
(6) Inserts the needle fully into the muscle at a 90o angle (per ACIP aspiration is not required)						
(7) Injects vaccine using steady pressure then withdraws needle at angle of insertion						
(8) Applies light pressure with gauze to injection site for several seconds						
(9) Influenza Vaccine Pediatric Dosing Schedule: <ul style="list-style-type: none"><li>All children 6mo-8yrs who are receiving influenza vaccine for the first time or whose previous vaccination status is unknown should receive two (2) doses of influenza vaccine separated by 4 weeks (any combination of age appropriate influenza vaccine may be used to complete the series)</li><li>Those who have received 2 or more doses of trivalent or quadrivalent influenza vaccine during any prior season (s) or children 9 years of age and older should receive 1 dose</li></ul>						
G. Immunization Recordkeeping						
(1) Records immunization(s) accurately in a DOD/USCGapproved electronic ITS according to Service-specific policy at the time of immunization (or no later than 24-hours after administration						
(2) Documents the following information:						
a. Type of Vaccine						
b. Date						

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<b>G. Immunization Recordkeeping</b>								
c. Route, anatomic site								
d. Dose								
e. Lot number								
f. Vaccine information sheet (VIS) date								
g. Manufacturer								
h. Name/signature of vaccinator								
(3) Documents immunizations using the following forms:								
a. CDC Form 731								
b. DD Form 2766C								
c. SF 600/601								
(4) Provides documentation of immunization to the patient								
<b>H. Provides post-vaccination instructions</b>								
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination for monitoring of possible adverse events								
(2) Reemphasizes potential expected and unexpected side effects								
<b>I. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds</b>								
(1) Verbalizes signs and symptoms of a vasovagal reaction								
(2) Positions patient in the supine position on litter/floor, loosens tight clothing, elevates legs, and maintains airway								
(3) Monitors/documents vital signs, assesses breathing, and								
(4) Calls EMS if patient does not respond								
<b>J. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately</b>								
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse								
(2) Positions patient in the supine position on litter/floor								
(3) Calls for EMS and administers epinephrine and/or other medications per protocol								
(4) Monitors/documents vital signs, assesses breathing, and documents administered medications								
(5) Initiates CPR if necessary and maintains airway								
<b>K. Properly documents adverse event</b>								
(1) Enters temporary medical exemption in Service ITS								
(2) Documents incident in AHLTA								
(3) Completes and submits a VAERS form								
<b>Preceptor's Initials</b>	<b>Printed Name</b>		<b>Signature</b>					
I understand the topics listed, I will be allowed to perform only these within my scope of practice, and only after I have successfully demonstrated competency.								
<b>Trainee Signature:</b>			<b>Date:</b>					

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